



# Waiver of Liability

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name & Phone Number \_\_\_\_\_

Would you like to be on our mailing list? \_\_\_\_\_ yes \_\_\_\_\_ no      If yes, which: \_\_\_\_\_ postal \_\_\_\_\_ email \_\_\_\_\_ both

**How did you find out about us?**

**Facebook** \_\_\_\_\_      **Instagram** \_\_\_\_\_      **Website** \_\_\_\_\_      **Mailer** \_\_\_\_\_

**Word of Mouth** \_\_\_\_\_      **Friend** \_\_\_\_\_      **Other** \_\_\_\_\_

I, \_\_\_\_\_ (participant), hereby agree to the following:

I am aware that participation in various forms of Yoga, and other programs, or workshops may result in accident or injury, and I assume the risk connected with participation in these programs/methods. I represent that I am in good health and suffer from no physical impairment that would limit my participation in classes, workshops, and/or private instruction at Short North Church or North Broadway UMC. I agree to inform my instructor/teacher of any physical limitations, discomfort and/or injuries before or during class and I take full responsibility for nondisclosure. I acknowledge that Short North Church and North Broadway UMC has not and will not render any medical services including medical diagnosis of my physical condition. I specifically agree that Short North Church and North Broadway UMC, its employees, teachers, assistants, and independent contractors shall not be liable for any claim, demand, or cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any exercise or activity within or without Short North Church's or North Broadway UMC's premises, and I agree to hold Short North Church and North Broadway UMC harmless from same. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and condition state above.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)